



Physicians of Monmouth, L.L.C.

KEEP FOR YOUR INFORMATION

PRE-OPERATIVE PATIENT INSTRUCTIONS CATARACT SURGERY

PATIENT NAME: _____ SURGERY DATE: _____

1. Medical Doctor: Schedule appointment **ONE-TWO weeks** before your surgery date. Conditions such as high blood pressure, heart trouble, urinary difficulties, etc. are to be under control prior to surgery.
2. Pre-Op Tests: All tests **MUST BE DONE** or **SURGERY WILL BE CANCELLED.**
3. MEDICATIONS: Patients on blood pressure, heart, steroids or anticonvulsants may take their medications on the morning of surgery with a **SIP** of water. **THESE MEDICATIONS MUST BE TAKEN.** If you are an **ASTHMATIC**, please bring your inhalers with you. If you are on **FLOMAX** inform us.
4. Diabetics: **DO NOT TAKE** diabetic medications morning of surgery. (Bring oral meds or insulin with syringe).
5. Blood Thinner: Inform us if you are on **ASPIRIN** or **BLOOD THINNERS.**
6. FOOD: **DO NOT EAT OR DRINK** after midnight the day of surgery. A roll, tea, coffee, or juice will be provided. You can bring a sandwich or snack of your choice if you prefer.
7. Eye Drops: Eye drops must be used in the operative eye as instructed before surgery. **BRING ALL EYE MEDICATIONS** with you on the **SURGERY DAY.**
8. Illness: If you develop a cold, fever or other medical problems before surgery, call the office for instructions.
9. Night Before: Take a shower or bath and wash hair. This may be done the morning of surgery. **MEN** please shave in the morning.
10. Do Not Wear: Eye or face make-up, nail polish, or earrings.
11. Valuables: Avoid bringing valuables with you.
12. You May: Wear your eyeglasses, hearing aids and dentures. We leave your dentures in.
13. Clothing: On the day of surgery, wear loose fitting clothing that is easy to remove and slip-on shoes. If help is needed to undress, bring someone with you to assist.
14. DRIVE: **For your safety YOU MUST HAVE A DRIVER** to and from the Surgery Center on the day of surgery, and post-op day. **Please** have only **ONE person** accompany you.
15. Time: You will be called **MONDAY AM/PM** the week of your surgery with the time.
16. LOCATION: LOWER LEVEL, **SUITE L4 (FIRST FLOOR)**
17. Nursing Home: Patient must have an Aid or family member accompany them.
18. REFERRALS: If your insurance requires a REFERRAL, it is your responsibility to get one from **your primary doctor. The REFERRAL MUST be received by MONDAY. We will have to CANCEL SURGERY if it is NOT received by that day.**

**FOR SURGICAL INFORMATION, CALL RENEE OR JOAN - Monday through Friday, 8:30 am - 4:00 pm
(732) 739-0707, Ext. 3**